Substitute for form 1449/PTO	COMPLETE IF KNOWN		
INFORMATION DISCLOSURE	Application Number	10/564,702	
OT A TENDENIT DV A DDI ICANIT	Filing Date	January 13, 2006	
STATEMENT BY APPLICANT	First Named Inventor	Min Ge	
DEC 0 9 2008 *	Group Art Unit	1624	
(use as puny sheets as necessary)	Examiner Name	Brenda Libby Coleman	
Sheet 1 of 1	Attorney Docket Number	21274YP	

	U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	U.S. Patent Document	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY		
			 				

			FORE	IGN PATENT	DOCUMENTS	
Examiner Initials*		Foreign Patent Document		Name of Patentee or Applicant	Date of Publication of	
		Office Number		Kind Code (if known)	of Cited Document	Cited Document MM-DD-YYYY
			WO2002/13824		Merck & Co., Inc.	02/21/2002
						-
		ļ				
		<u> </u>			Date	
Examine Signatur	er re				Considered	

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.